



2021-22 Monthly Premium Rate Table
COBRA Plan year is August 1, 2021 through July 31, 2022

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser Traditional HMO	\$707.84	\$1,415.68	\$2,003.17
Kaiser Choice HMO	\$614.11	\$1,228.23	\$1,737.99
Blue Shield Signature HMO	\$638.68	\$1,277.43	\$1,807.54
Blue Shield Access + HMO	\$554.29	\$1,108.63	\$1,568.70
Blue Shield PPO	\$1,190.16	\$2,425.54	\$3,764.78
Blue Shield Needles PPO	\$1,343.81	\$2,737.23	\$4,241.39
Delta Dental DPPO	\$52.34	\$100.34	\$174.01
Delta Dental Care DHMO	\$19.02	\$32.68	\$43.58
Vision – General	\$5.08	-	-
Vision – Safety Unit	\$10.82	\$10.82	\$10.82
Vision – Exempt Unit	\$12.73	\$12.73	\$12.73
Vision – Voluntary Dependent Coverage	\$4.99	\$11.96	\$24.47

Payment is due and effective August 1, 2021, for coverage beginning August 1, 2021

Resources

Employee Benefits <https://link.sbcounty.gov/benefits> | COBRA Enrollment/Change Forms <https://link.sbcounty.gov/cobra/>

Kaiser Permanente | www.kp.org | (800) 464-4000

Blue Shield of California | www.blueshieldca.com | (855) 599-2657

Delta Dental | www.deltadentalins.com | (855) 244-7323

EyeMed Vision Care | www.eyemed.com | (877) 406-4146

Total Administrative Services Corporation (TASC) | <https://www.tasconline.com/ubaaccess> | (800) 442-4661 (Retirement Medical Trust Plan reimbursements)